CFS 2016 4/2003

State of IllinoisDepartment of Children and Family Services

| CFS: | | | |
|------|--|--|--|
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| | - | • | Child Name: | |
|---------------------------------------|---------------------|-----------------------------|-----------------------------------|--|
| | CHILD CLINIC | AL SUMMARY | Child Id#: | |
| Date o | of Presentation: | | R/S/F: | |
| DOB: | | | | |
| Race/Ethnicity: | | | | |
| | | | ual Behavior Problems: 🗌 Yes 🔲 No | |
| | | | | |
| Current Placement: | | | | |
| Most Current IQ: | | Anticipated Discharge Date: | | |
| Diagnosis: | | Medication(s): | | |
| Youth's strengths, interests and or h | - | ast three): | | |
| Educational Summary (grade, type o | of programming- IEP | or 504 plan, needs) |): | |
| Emotional/Behavioral Needs: | | | | |
| Comite Needs Heart Discharge | | | | |
| Service Needs Upon Discharge: | | | | |
| Medical Needs: | | | | |
| | | | | |
| Caseworker name: | | Supervisor Na | me: | |
| Phone Number: | | Phone Number | :: | |